ANZA ELECTRIC COOPERATIVE, Inc.

A Touchstone Energy® Cooperative 😥

Phone: (951) 763-4333 Fax: (951) 763-5297

AUTHORIZATION TO TRANSACT

I authorize _____

Name

PO Box 391909 (58470 Highway 371) Anza CA 92539-1909

Please provide the last 4 numbers of their SSN_____ OR Driver's License_____

to transact on my electric service account(s) as specified below (please initial all that apply)

_____With the ability to make inquiries of any nature and make payments

- _____With the above permissions plus the ability to make account changes such as mailing address, telephone number and email
- _____With all above permissions plus the authorization to connect or disconnect the electric service

_____This applies to all accounts in my name **OR** this applies only to the following account(s)

Account Number _____

Service Address _____

Account Number _____

Service Address _____

This form is in effect until Anza Electric Cooperative, Inc. is further notified by me in writing.

Consumer Signature

Date Signed

Print Consumer Name